

2012-03-15 14:18

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4234424465 P 42/45

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/06/2012  
FORM APPROVED  
OMB NO. 0938-0391STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

445457

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY  
COMPLETED

02/06/2012

NAME OF PROVIDER OR SUPPLIER

EAST TENNESSEE HEALTH CARE

STREET ADDRESS, CITY, STATE, ZIP CODE

485 ISBILL RD

MADISONVILLE, TN 37354

(X4) ID  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETION  
DATEK 025  
SS=D

## NFPA 101 LIFE SAFETY CODE STANDARD

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems, 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.  
The findings include:

Observation on February 6, 2012 at 10:10 a.m. revealed numerous penetrations above the ceiling in the corridor smoke wall located on the 100 hall above patient rooms 128 and 129.

K 029  
SS=D

## NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

K 025

K025 NFPA 101  
SS=D

Life Safety Code Standard  
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems, 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

1. On 2/7/2012, the Maintenance Supervisor purchased sheet rock and plaster. On 2/8/2012 and 2/9/2012, Carl's Contractors repaired the numerous penetrations above the ceiling in the corridor smoke wall located on the 100 hall above patient rooms 128 and 129.  
2. On 2/8/2012 - 2/10/2012, Maintenance Supervisor and Assistant Maintenance Supervisor completed an internal inspection of any potential penetrations above the ceiling in the corridor smoke wall to ensure that no other residents have the potential to be affected by the same deficient practice. The facility Administrator was informed per compliance of results of inspection.

K 029

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Janet Hunt

TITLE

Administrator

(X6) DATE

4/3/2012

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(01) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(02) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(03) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 466 ISBILL RD MADISONVILLE, TN 37354		
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(05) COMPLETION DATE	
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation on February 6, 2012 at 10:10 a.m. revealed numerous penetrations above the ceiling in the corridor smoke wall located on the 100 hall above patient rooms 128 and 129.</p>	K 025	<p>3. Facility Administrator in serviced Maintenance Supervisor and Maintenance Assistant on 3/12/2012 to ensure all new construction and/or renovations maintain compliance with the integrity of smoke barriers as well as inspect facility areas during routine rounds to maintain compliance with smoke barrier areas.</p> <p>4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for the potential of penetrations in the corridor smoke wall during routine monthly facility checks. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety Committee Meeting.</p>	Completion date: 3/22/12	
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p>	K 029			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(06) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  443457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED  02/08/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 405 HILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained. The findings include: Observation on February 6, 2012 at 10:10 a.m. revealed numerous penetrations above the ceiling in the corridor smoke wall located on the 100 hall above patient rooms 128 and 129.</p>	K 025			
K 029 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p>	K 029	<p>K029 NFPA 101 SS=D Life Safety Code Standard One hour fire rated construction (with ¾ hour fire rated doors) or an approved automatic system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-opening field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/08/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  443457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED  02/08/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 466 HILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029	Continued From page 1	K 029	Corrective Actions: 1. On 2/7/2012, the Maintenance Supervisor purchased sheet rock. On 2/7/2012 and 2/8/2012, Carls Contractors repaired 2/7/2012 and 2/8/2012, Carls Contractors repaired penetrations in the fire rated ceiling in the hot water mechanical room and laundry room. 2. On 2/8/2012 - 2/10/2012, Maintenance Supervisor and Assistant Maintenance Supervisor completed an internal inspection of any potential unsealed penetrations in the fire rated ceiling due to water damage throughout the building to ensure that no other residents have the potential to be affected by the same deficient practice. The facility Administrator was informed per compliance of results of results of inspection.		
K 062 SS=D	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure hazardous area one (1) hour fire rated construction is maintained. The findings include: Observation on February 8, 2012 at 9:50 a.m. revealed penetrations in the fire rated ceiling due to numerous areas of water damage in the hot water mechanical room and the laundry room. NFFA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.8.12, NFFA 13, NFFA 25, 9.7.6	K 062	3. Facility Administrator in serviced Maintenance Supervisor and Maintenance Assistant on 3/12/12 to ensure all new construction and/or renovations maintain compliance with the integrity of the fire rated constructions and approved firestop systems as well as inspect facility areas during routine rounds to maintain compliance with fire rated construction. 4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for the potential of unsealed penetrations (smoke) during routine monthly room checks. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed quarterly QA Safety Committee Meeting.		
K 141 SS=D	This STANDARD is not met as evidenced by: Based on observation, record review and interview with maintenance director, the facility failed to assure the sprinkler system was inspected and maintained quarterly. The findings include: Observation, interview with maintenance director and record review on February 6, 2012 at 10:00 a.m. revealed the automatic sprinkler company inspections were conducted semi-annual and not on a quarterly basis as required for the system. NFFA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFFA 99, 8.6.4.2.	K 141		Completion date: 3/22/12	



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FORM APPROVED  
OMB NO. 0938-0381

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/08/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 485 ISBELL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029	Continued From page 1	K 029	K062 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 1. On 2/8/12, Maintenance Supervisor initiated quarterly contract for sprinkler system inspection with Simplex Grinnell. Quarterly inspections to begin March 2012 and continue for the months of May, August, and November. 2. Contract for quarterly sprinkler system inspection completed with effective date of 3/1/2012.		
K 062 SS=D	This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure hazardous area one (1) hour fire rated construction is maintained. The findings include: Observation on February 6, 2012 at 9:50 a.m. revealed penetrations in the fire rated ceiling due to numerous areas of water damage in the hot water mechanical room and the laundry room. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	3. Facility Administrator in serviced Maintenance Supervisor and Maintenance Assistant on 3/12/12 to maintain compliance and ensure sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested quarterly and as needed. 4. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety Committee Meeting.		
K 141 SS=D	This STANDARD is not met as evidenced by: Based on observation, record review and interview with maintenance director, the facility failed to assure the sprinkler system was inspected and maintained quarterly. The findings include: Observation, interview with maintenance director and record review on February 6, 2012 at 10:00 a.m. revealed the automatic sprinkler company inspections were conducted semi-annual and not on a quarterly basis as required for the system. NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.	K 141		Completion date: 3/22/12	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 486 ISBELL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 141	Continued From page 2	K 141	K141 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. 1. On 2/8/12, Maintenance Supervisor printed a temporary Oxygen Storage Sign and placed on the door and a Magnetized No Smoking Sign was placed on the door frame. An Oxygen Storage sign was ordered on 2/8/12. On 3/8/2012, a permanent Oxygen Stored and a no Smoking sign was affixed to the door. 2. Oxygen is stored only in this location and no smoking signs are placed at all entrances to cover any oxygen that may be used in resident rooms. 3. Facility Administrator In serviced Maintenance Supervisor and Maintenance Assistant on 3/12/12 to check sign placement and ensure compliance with non-smoking and no smoking signs in areas where oxygen is used or stored in accordance with 19.3.2.4, NFPA99, 8.6..2 during routine facility rounds. 4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for sign placement during routine facility rounds. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety Committee Meeting.	Completion date: 3/22/12	
K 147 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the No Smoking signs were provided in areas where oxygen is used or stored (NFPA 99, 8.6.4.2).</p> <p>The findings include: Observation on February 6, 2012 at 10:45 a.m. revealed twenty two (22) E-Class oxygen cylinders stored in the oxygen storage room on the front hall near the dining room with no " No Smoking " signs displayed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.</p> <p>The findings include: Observation on February 6, 2012 at 10:30 a.m. revealed one (1) electrical junction box with exposed wiring above the ceiling on the 100 hall near patient room 129 with no protective cover installed.</p>	K 147			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 485 ISBELL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 141	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the No Smoking signs were provided in areas where oxygen is used or stored (NFPA 99, 8.6.4.2). The findings include: Observation on February 6, 2012 at 10:45 a.m. revealed twenty two (22) E-Class oxygen cylinders stored in the oxygen storage room on the front hall near the dining room with no "No Smoking" signs displayed.	K 141			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70. The findings include: Observation on February 6, 2012 at 10:30 a.m. revealed one (1) electrical junction box with exposed wiring above the ceiling on the 100 hall near patient room 129 with no protective cover installed.	K 147	K147 NFPA 101 SS=D LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 1. On 2/7/2012, Maintenance Assistant installed protective cover over electrical junction box above the ceiling on the 100 hall near patient room 129. 2. On 2/8/2012 - 2/10/2012, the Maintenance Assistant and Maintenance Supervisor conducted an inspection throughout the building to ensure that no other residents have the potential to be affected by the same deficient practice. The facility Administrator was informed per compliance of results of inspection.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/06/2012
NAME OF PROVIDER OR SUPPLIER  EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 485 ISBILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 141	Continued From page 2	K 141	3. Facility Administrator in serviced Maintenance Supervisor and Maintenance Assistant on 3/12/12 to ensure all new construction and/or renovations maintain compliance with the integrity of electrical wiring and equipment in accordance with NFPA70, National Electrical Code and to monitor during routine facility rounds.		
K 147 SS=D	<p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure the No Smoking signs were provided in areas where oxygen is used or stored (NFPA 99, 8.6.4.2).</p> <p>The findings include: Observation on February 6, 2012 at 10:45 a.m. revealed twenty two (22) E-Class oxygen cylinders stored in the oxygen storage room on the front hall near the dining room with no "No Smoking" signs displayed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.</p> <p>The findings include: Observation on February 6, 2012 at 10:30 a.m. revealed one (1) electrical junction box with exposed wiring above the ceiling on the 100 hall near patient room 129 with no protective cover installed.</p>	K 147	4. The Maintenance Supervisor, Assistant Maintenance Supervisor and/or designee will monitor for the potential of missing protective covers over electrical junction box during routine monthly room checks. The Maintenance Supervisor will report to Administrator for compliance; compliance audit will be reviewed during quarterly QA Safety Committee.	Completion date: 3/22/12	